



APPLICATION FOR REGISTRATION OF OFF - ROAD VEHICLE

State Form 390 (R6 / 12-01)

Approved by the State Board of Accounts, 2000

Please read all instructions carefully. Type or print in ink. Complete both front and back of form.

One application per off-road vehicle must be completed.

SECTION A: Check box to indicate your request.

- ☐ **NEW REGISTRATION:** *(Off-road vehicle never registered in Indiana)*
New registration fee is \$6.00. Owner will receive three (3) year expiration date.
- ☐ **RENEWAL REGISTRATION:** *(To renew existing Indiana registration certificate)*
DO NOT RENEW prior to expiration **year**.
Renewal registration fee is \$6.00. Owner will receive three (3) year expiration date.
- ☐ **TRANSFER REGISTRATION:** *(Off-road vehicle previously registered in Indiana, change of ownership)*
Transfer registration fee is \$6.00. New owner will receive three (3) year expiration date.
- ☐ **DUPLICATE REGISTRATION:** *(To replace a registration which is lost, destroyed, illegible or reflects an incorrect address)*
Duplicate registration fee is \$1.00.
- ☐ **DEALER REGISTRATION:** *(For demonstration and testing purposes only)*
Indicate present registration number in order to retain number.
Dealer registration fee: First two registrations - \$10.00 **each**.
Each additional registration - \$5.00 **each**.
- ☐ **CORRECTED REGISTRATION:** *(To correct registration information issued in error)*
Complete this application with correct information and circle the items that were issued incorrectly.
Return Certificate of Registration along with the completed form. No fee required.
- ☐ **CANCEL REGISTRATION:** *(Registration must be cancelled if the off-road vehicle is dismantled, destroyed or sold.)*
Complete information below and sections B and C on the reverse side.
No fee required.

Reason for cancellation:

Signature of owner

Date of cancellation:

Date of signature *(month, date, year)*

Return this form to: Off-Road Vehicle Registration Section
Department of Natural Resources
402 W. Washington St., Rm. W160
Indianapolis, IN 46204

Telephone: (317) 233-3149
Fax: (317) 233-8654

SECTION B: Name of owner (*first, middle, last*)

Name

Address (street or Rural Route)

City

State

ZIP code

County

Telephone number (include area code)

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OFFICE USE ONLY

SECTION C: Registration Information

Present Registration Number

Make of off-road vehicle

Year

Model name or number

Manufacturer's I.D. number

Type of Vehicle (specify)

Check appropriate box:

USE:

☐ 1. Pleasure

☐ 3. Dealer (*demonstrating and testing*)

☐ 2. Livery (off-road vehicle to be rented) ☐ 4. Other (specify) _____

SECTION D: Purchased from:

Name

Address (street or Rural Route)

City

State

Telephone number (include area code)

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SECTION E: Signature of current owner

I certify that I am the owner of the above described off-road vehicle.

Signature (*signature must be in ink*)

Date signed

PAYMENT METHOD

☐ Check Enclosed - No. _____ ☐ Money Order Enclosed - No. _____

☐ Credit Card - Exp. Date _____ Circle one:

Circle one:



PRINT name as it appears on Credit Card

Card No.

Signature

Please do not send cash. *Refunds will not be issued.* Make check or money order payable to
DNR - Law Enforcement Division.